

***BIBDATASHEET***

Bib Data Sheet

CONFIRMATION NO. 3950

SERIAL NUMBER 09/834,208	FILING DATE 04/13/2001	CLASS 128	GROUP ART UNIT 3731	ATTORNEY DOCKET NO.
RULE				

APPLICANTS

G. Thomas Wolf, Mason, OH;

**** CONTINUING DATA ********none***** FOREIGN APPLICATIONS ********none***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 08/29/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 1	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

PETER P. TUNG, PHL.D.
6567 GALWALY DRIVE
CLARKSVILLE , MD
21029

TITLE

Oxygen mask

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-------------------------------	---	---